

Community Activity Survey

Name _____

Email _____

Student Name (Optional) _____

Campus/District Name your child attends _____

Rate Strongly Agree to Strongly Disagree

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel the community resources shared will help my family				
The information presented by community partners was relevant to my needs				
I understand the importance of my child becoming bilingual				
I feel my language needs are being met				
I am interested in learning more information like this				
I would recommend this to other parents				

What additional information would you like to know more about?

To better support you, what can we do to improve?
